



General Assembly

January Session, 2017

Committee Bill No. 5140

LCO No. 4803



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING REIMBURSEMENTS TO HEALTH CARE PROVIDERS FOR SUBSTANCE ABUSE SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-488a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective January 1, 2018*):

3 (a) For the purposes of this section: (1) "Mental or nervous
4 conditions" means mental disorders, as defined in the most recent
5 edition of the American Psychiatric Association's "Diagnostic and
6 Statistical Manual of Mental Disorders". "Mental or nervous
7 conditions" does not include (A) intellectual disabilities, (B) specific
8 learning disorders, (C) motor disorders, (D) communication disorders,
9 (E) caffeine-related disorders, (F) relational problems, and (G) other
10 conditions that may be a focus of clinical attention, that are not
11 otherwise defined as mental disorders in the most recent edition of the
12 American Psychiatric Association's "Diagnostic and Statistical Manual
13 of Mental Disorders"; (2) "benefits payable" means the usual,
14 customary and reasonable charges for treatment deemed necessary
15 under generally accepted medical standards, except that in the case of
16 a managed care plan, as defined in section 38a-478, "benefits payable"

17 means the payments agreed upon in the contract between a managed
18 care organization, as defined in section 38a-478, and a provider, as
19 defined in section 38a-478; (3) "acute treatment services" means
20 twenty-four-hour medically supervised treatment for a substance use
21 disorder, that is provided in a medically managed or medically
22 monitored inpatient facility; and (4) "clinical stabilization services"
23 means twenty-four-hour clinically managed postdetoxification
24 treatment, including, but not limited to, relapse prevention, family
25 outreach, aftercare planning and addiction education and counseling.

26 (b) Each individual health insurance policy providing coverage of
27 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
28 38a-469 delivered, issued for delivery, renewed, amended or continued
29 in this state shall provide benefits for the diagnosis and treatment of
30 mental or nervous conditions. Benefits payable include, but need not
31 be limited to:

32 (1) General inpatient hospitalization, including in state-operated
33 facilities;

34 (2) Medically necessary acute treatment services and medically
35 necessary clinical stabilization services;

36 (3) General hospital outpatient services, including at state-operated
37 facilities;

38 (4) Psychiatric inpatient hospitalization, including in state-operated
39 facilities;

40 (5) Psychiatric outpatient hospital services, including at state-
41 operated facilities;

42 (6) Intensive outpatient services, including at state-operated
43 facilities;

44 (7) Partial hospitalization, including at state-operated facilities;

45 (8) Evidence-based maternal, infant and early childhood home
46 visitation services, as described in Section 2951 of the Patient
47 Protection and Affordable Care Act, P.L. 111-148, as amended from
48 time to time, that are designed to improve health outcomes for
49 pregnant women, postpartum mothers and newborns and children,
50 including, but not limited to, for maternal substance use disorders or
51 depression and relationship-focused interventions for children with
52 mental or nervous conditions or substance use disorders;

53 (9) Intensive, home-based services designed to address specific
54 mental or nervous conditions in a child;

55 (10) Evidence-based family-focused therapy that specializes in the
56 treatment of juvenile substance use disorders;

57 (11) Short-term family therapy intervention;

58 (12) Nonhospital inpatient detoxification;

59 (13) Medically monitored detoxification;

60 (14) Ambulatory detoxification;

61 (15) Inpatient services at psychiatric residential treatment facilities;

62 (16) Rehabilitation services provided in residential treatment
63 facilities, general hospitals, psychiatric hospitals or psychiatric
64 facilities;

65 (17) Observation beds in acute hospital settings;

66 (18) Psychological and neuropsychological testing conducted by an
67 appropriately licensed health care provider;

68 (19) Trauma screening conducted by a licensed behavioral health
69 professional;

70 (20) Depression screening, including maternal depression screening,

71 conducted by a licensed behavioral health professional;

72 (21) Substance use screening conducted by a licensed behavioral
73 health professional;

74 (22) Intensive, family-based and community-based treatment
75 programs that focus on addressing environmental systems that impact
76 chronic and violent juvenile offenders;

77 (23) Other home-based therapeutic interventions for children;

78 (24) Chemical maintenance treatment, as defined in section 19a-495-
79 570 of the regulations of Connecticut state agencies; and

80 (25) Extended day treatment programs, as described in section 17a-
81 22.

82 (c) No such policy shall establish any terms, conditions or benefits
83 that place a greater financial burden on an insured for access to
84 diagnosis or treatment of mental or nervous conditions than for
85 diagnosis or treatment of medical, surgical or other physical health
86 conditions, or prohibit an insured from obtaining or a health care
87 provider from being reimbursed for multiple screening services as part
88 of a single-day visit to a health care provider or a multicare institution,
89 as defined in section 19a-490.

90 (d) In the case of benefits payable for the services of a licensed
91 physician, such benefits shall be payable for the same services when
92 such services are lawfully rendered by a psychologist licensed under
93 the provisions of chapter 383 or by such a licensed psychologist in a
94 licensed hospital or clinic.

95 (e) In the case of benefits payable for the services of a licensed
96 physician or psychologist, such benefits shall be payable for the same
97 services when such services are rendered by:

98 (1) A clinical social worker who is licensed under the provisions of

99 chapter 383b and who has passed the clinical examination of the
100 American Association of State Social Work Boards and has completed
101 at least two thousand hours of post-master's social work experience in
102 a nonprofit agency qualifying as a tax-exempt organization under
103 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
104 corresponding internal revenue code of the United States, as from time
105 to time amended, in a municipal, state or federal agency or in an
106 institution licensed by the Department of Public Health under section
107 19a-490;

108 (2) A social worker who was certified as an independent social
109 worker under the provisions of chapter 383b prior to October 1, 1990;

110 (3) A licensed marital and family therapist who has completed at
111 least two thousand hours of post-master's marriage and family therapy
112 work experience in a nonprofit agency qualifying as a tax-exempt
113 organization under Section 501(c) of the Internal Revenue Code of 1986
114 or any subsequent corresponding internal revenue code of the United
115 States, as from time to time amended, in a municipal, state or federal
116 agency or in an institution licensed by the Department of Public Health
117 under section 19a-490;

118 (4) A marital and family therapist who was certified under the
119 provisions of chapter 383a prior to October 1, 1992;

120 (5) A licensed alcohol and drug counselor, as defined in section 20-
121 74s, or a certified alcohol and drug counselor, as defined in section 20-
122 74s;

123 (6) A licensed professional counselor; or

124 (7) An advanced practice registered nurse licensed under chapter
125 378.

126 (f) (1) In the case of benefits payable for the services of a licensed
127 physician, such benefits shall be payable for (A) services rendered in a
128 child guidance clinic or residential treatment facility by a person with a

129 master's degree in social work or by a person with a master's degree in
130 marriage and family therapy under the supervision of a psychiatrist,
131 physician, licensed marital and family therapist, or licensed clinical
132 social worker who is eligible for reimbursement under subdivisions (1)
133 to (4), inclusive, of subsection (e) of this section; (B) services rendered
134 in a residential treatment facility by a licensed or certified alcohol and
135 drug counselor who is eligible for reimbursement under subdivision
136 (5) of subsection (e) of this section; or (C) services rendered in a
137 residential treatment facility by a licensed professional counselor who
138 is eligible for reimbursement under subdivision (6) of subsection (e) of
139 this section.

140 (2) In the case of benefits payable for the services of a licensed
141 psychologist under subsection (e) of this section, such benefits shall be
142 payable for (A) services rendered in a child guidance clinic or
143 residential treatment facility by a person with a master's degree in
144 social work or by a person with a master's degree in marriage and
145 family therapy under the supervision of such licensed psychologist,
146 licensed marital and family therapist, or licensed clinical social worker
147 who is eligible for reimbursement under subdivisions (1) to (4),
148 inclusive, of subsection (e) of this section; (B) services rendered in a
149 residential treatment facility by a licensed or certified alcohol and drug
150 counselor who is eligible for reimbursement under subdivision (5) of
151 subsection (e) of this section; or (C) services rendered in a residential
152 treatment facility by a licensed professional counselor who is eligible
153 for reimbursement under subdivision (6) of subsection (e) of this
154 section.

155 (g) In the case of benefits payable for the service of a licensed
156 physician practicing as a psychiatrist or a licensed psychologist, under
157 subsection (e) of this section, such benefits shall be payable for
158 outpatient services rendered (1) in a nonprofit community mental
159 health center, as defined by the Department of Mental Health and
160 Addiction Services, in a nonprofit licensed adult psychiatric clinic
161 operated by an accredited hospital or in a residential treatment facility;

162 (2) under the supervision of a licensed physician practicing as a
163 psychiatrist, a licensed psychologist, a licensed marital and family
164 therapist, a licensed clinical social worker, a licensed or certified
165 alcohol and drug counselor or a licensed professional counselor who is
166 eligible for reimbursement under subdivisions (1) to (6), inclusive, of
167 subsection (e) of this section; and (3) within the scope of the license
168 issued to the center or clinic by the Department of Public Health or to
169 the residential treatment facility by the Department of Children and
170 Families.

171 (h) Except in the case of emergency services or in the case of services
172 for which an individual has been referred by a physician affiliated
173 with a health care center, nothing in this section shall be construed to
174 require a health care center to provide benefits under this section
175 through facilities that are not affiliated with the health care center.

176 (i) In the case of any person admitted to a state institution or facility
177 administered by the Department of Mental Health and Addiction
178 Services, Department of Public Health, Department of Children and
179 Families or the Department of Developmental Services, the state shall
180 have a lien upon the proceeds of any coverage available to such person
181 or a legally liable relative of such person under the terms of this
182 section, to the extent of the per capita cost of such person's care. Except
183 in the case of emergency services, the provisions of this subsection
184 shall not apply to coverage provided under a managed care plan, as
185 defined in section 38a-478.

186 (j) In the case of benefits payable for services for the diagnosis or
187 treatment of a substance use disorder rendered by a licensed health
188 care provider who is eligible for reimbursement under this section,
189 reimbursement shall be paid directly to the provider who rendered
190 such services. The insured who received such services shall be deemed
191 to have made an assignment to such provider of the insured's coverage
192 reimbursement benefits and other rights under the insured's
193 individual health insurance policy, as described in subsection (b) of

194 this section.

195 Sec. 2. Section 38a-514 of the general statutes is repealed and the
196 following is substituted in lieu thereof (*Effective January 1, 2018*):

197 (a) For the purposes of this section: (1) "Mental or nervous
198 conditions" means mental disorders, as defined in the most recent
199 edition of the American Psychiatric Association's "Diagnostic and
200 Statistical Manual of Mental Disorders". "Mental or nervous
201 conditions" does not include (A) intellectual disabilities, (B) specific
202 learning disorders, (C) motor disorders, (D) communication disorders,
203 (E) caffeine-related disorders, (F) relational problems, and (G) other
204 conditions that may be a focus of clinical attention, that are not
205 otherwise defined as mental disorders in the most recent edition of the
206 American Psychiatric Association's "Diagnostic and Statistical Manual
207 of Mental Disorders"; (2) "benefits payable" means the usual,
208 customary and reasonable charges for treatment deemed necessary
209 under generally accepted medical standards, except that in the case of
210 a managed care plan, as defined in section 38a-478, "benefits payable"
211 means the payments agreed upon in the contract between a managed
212 care organization, as defined in section 38a-478, and a provider, as
213 defined in section 38a-478; (3) "acute treatment services" means
214 twenty-four-hour medically supervised treatment for a substance use
215 disorder, that is provided in a medically managed or medically
216 monitored inpatient facility; and (4) "clinical stabilization services"
217 means twenty-four-hour clinically managed postdetoxification
218 treatment, including, but not limited to, relapse prevention, family
219 outreach, aftercare planning and addiction education and counseling.

220 (b) Except as provided in subsection (j) of this section, each group
221 health insurance policy providing coverage of the type specified in
222 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
223 issued for delivery, renewed, amended or continued in this state shall
224 provide benefits for the diagnosis and treatment of mental or nervous
225 conditions. Benefits payable include, but need not be limited to:

- 226 (1) General inpatient hospitalization, including in state-operated
227 facilities;
- 228 (2) Medically necessary acute treatment services and medically
229 necessary clinical stabilization services;
- 230 (3) General hospital outpatient services, including at state-operated
231 facilities;
- 232 (4) Psychiatric inpatient hospitalization, including in state-operated
233 facilities;
- 234 (5) Psychiatric outpatient hospital services, including at state-
235 operated facilities;
- 236 (6) Intensive outpatient services, including at state-operated
237 facilities;
- 238 (7) Partial hospitalization, including at state-operated facilities;
- 239 (8) Evidence-based maternal, infant and early childhood home
240 visitation services, as described in Section 2951 of the Patient
241 Protection and Affordable Care Act, P.L. 111-148, as amended from
242 time to time, that are designed to improve health outcomes for
243 pregnant women, postpartum mothers and newborns and children,
244 including, but not limited to, for maternal substance use disorders or
245 depression and relationship-focused interventions for children with
246 mental or nervous conditions or substance use disorders;
- 247 (9) Intensive, home-based services designed to address specific
248 mental or nervous conditions in a child;
- 249 (10) Evidence-based family-focused therapy that specializes in the
250 treatment of juvenile substance use disorders;
- 251 (11) Short-term family therapy intervention;
- 252 (12) Nonhospital inpatient detoxification;

- 253 (13) Medically monitored detoxification;
- 254 (14) Ambulatory detoxification;
- 255 (15) Inpatient services at psychiatric residential treatment facilities;
- 256 (16) Rehabilitation services provided in residential treatment
257 facilities, general hospitals, psychiatric hospitals or psychiatric
258 facilities;
- 259 (17) Observation beds in acute hospital settings;
- 260 (18) Psychological and neuropsychological testing conducted by an
261 appropriately licensed health care provider;
- 262 (19) Trauma screening conducted by a licensed behavioral health
263 professional;
- 264 (20) Depression screening, including maternal depression screening,
265 conducted by a licensed behavioral health professional;
- 266 (21) Substance use screening conducted by a licensed behavioral
267 health professional;
- 268 (22) Intensive, family-based and community-based treatment
269 programs that focus on addressing environmental systems that impact
270 chronic and violent juvenile offenders;
- 271 (23) Other home-based therapeutic interventions for children;
- 272 (24) Chemical maintenance treatment, as defined in section 19a-495-
273 570 of the regulations of Connecticut state agencies; and
- 274 (25) Extended day treatment programs, as described in section 17a-
275 22.
- 276 (c) No such group policy shall establish any terms, conditions or
277 benefits that place a greater financial burden on an insured for access
278 to diagnosis or treatment of mental or nervous conditions than for

279 diagnosis or treatment of medical, surgical or other physical health
280 conditions, or prohibit an insured from obtaining or a health care
281 provider from being reimbursed for multiple screening services as part
282 of a single-day visit to a health care provider or a multicare institution,
283 as defined in section 19a-490.

284 (d) In the case of benefits payable for the services of a licensed
285 physician, such benefits shall be payable for the same services when
286 such services are lawfully rendered by a psychologist licensed under
287 the provisions of chapter 383 or by such a licensed psychologist in a
288 licensed hospital or clinic.

289 (e) In the case of benefits payable for the services of a licensed
290 physician or psychologist, such benefits shall be payable for the same
291 services when such services are rendered by:

292 (1) A clinical social worker who is licensed under the provisions of
293 chapter 383b and who has passed the clinical examination of the
294 American Association of State Social Work Boards and has completed
295 at least two thousand hours of post-master's social work experience in
296 a nonprofit agency qualifying as a tax-exempt organization under
297 Section 501(c) of the Internal Revenue Code of 1986 or any subsequent
298 corresponding internal revenue code of the United States, as from time
299 to time amended, in a municipal, state or federal agency or in an
300 institution licensed by the Department of Public Health under section
301 19a-490;

302 (2) A social worker who was certified as an independent social
303 worker under the provisions of chapter 383b prior to October 1, 1990;

304 (3) A licensed marital and family therapist who has completed at
305 least two thousand hours of post-master's marriage and family therapy
306 work experience in a nonprofit agency qualifying as a tax-exempt
307 organization under Section 501(c) of the Internal Revenue Code of 1986
308 or any subsequent corresponding internal revenue code of the United
309 States, as from time to time amended, in a municipal, state or federal

310 agency or in an institution licensed by the Department of Public Health
311 under section 19a-490;

312 (4) A marital and family therapist who was certified under the
313 provisions of chapter 383a prior to October 1, 1992;

314 (5) A licensed alcohol and drug counselor, as defined in section 20-
315 74s, or a certified alcohol and drug counselor, as defined in section 20-
316 74s;

317 (6) A licensed professional counselor; or

318 (7) An advanced practice registered nurse licensed under chapter
319 378.

320 (f) (1) In the case of benefits payable for the services of a licensed
321 physician, such benefits shall be payable for (A) services rendered in a
322 child guidance clinic or residential treatment facility by a person with a
323 master's degree in social work or by a person with a master's degree in
324 marriage and family therapy under the supervision of a psychiatrist,
325 physician, licensed marital and family therapist or licensed clinical
326 social worker who is eligible for reimbursement under subdivisions (1)
327 to (4), inclusive, of subsection (e) of this section; (B) services rendered
328 in a residential treatment facility by a licensed or certified alcohol and
329 drug counselor who is eligible for reimbursement under subdivision
330 (5) of subsection (e) of this section; or (C) services rendered in a
331 residential treatment facility by a licensed professional counselor who
332 is eligible for reimbursement under subdivision (6) of subsection (e) of
333 this section.

334 (2) In the case of benefits payable for the services of a licensed
335 psychologist under subsection (e) of this section, such benefits shall be
336 payable for (A) services rendered in a child guidance clinic or
337 residential treatment facility by a person with a master's degree in
338 social work or by a person with a master's degree in marriage and
339 family therapy under the supervision of such licensed psychologist,

340 licensed marital and family therapist or licensed clinical social worker
341 who is eligible for reimbursement under subdivisions (1) to (4),
342 inclusive, of subsection (e) of this section; (B) services rendered in a
343 residential treatment facility by a licensed or certified alcohol and drug
344 counselor who is eligible for reimbursement under subdivision (5) of
345 subsection (e) of this section; or (C) services rendered in a residential
346 treatment facility by a licensed professional counselor who is eligible
347 for reimbursement under subdivision (6) of subsection (e) of this
348 section.

349 (g) In the case of benefits payable for the service of a licensed
350 physician practicing as a psychiatrist or a licensed psychologist, under
351 subsection (e) of this section, such benefits shall be payable for
352 outpatient services rendered (1) in a nonprofit community mental
353 health center, as defined by the Department of Mental Health and
354 Addiction Services, in a nonprofit licensed adult psychiatric clinic
355 operated by an accredited hospital or in a residential treatment facility;
356 (2) under the supervision of a licensed physician practicing as a
357 psychiatrist, a licensed psychologist, a licensed marital and family
358 therapist, a licensed clinical social worker, a licensed or certified
359 alcohol and drug counselor, or a licensed professional counselor who
360 is eligible for reimbursement under subdivisions (1) to (6), inclusive, of
361 subsection (e) of this section; and (3) within the scope of the license
362 issued to the center or clinic by the Department of Public Health or to
363 the residential treatment facility by the Department of Children and
364 Families.

365 (h) Except in the case of emergency services or in the case of services
366 for which an individual has been referred by a physician affiliated
367 with a health care center, nothing in this section shall be construed to
368 require a health care center to provide benefits under this section
369 through facilities that are not affiliated with the health care center.

370 (i) In the case of any person admitted to a state institution or facility
371 administered by the Department of Mental Health and Addiction

372 Services, Department of Public Health, Department of Children and
373 Families or the Department of Developmental Services, the state shall
374 have a lien upon the proceeds of any coverage available to such person
375 or a legally liable relative of such person under the terms of this
376 section, to the extent of the per capita cost of such person's care. Except
377 in the case of emergency services the provisions of this subsection shall
378 not apply to coverage provided under a managed care plan, as defined
379 in section 38a-478.

380 (j) A group health insurance policy may exclude the benefits
381 required by this section if such benefits are included in a separate
382 policy issued to the same group by an insurance company, health care
383 center, hospital service corporation, medical service corporation or
384 fraternal benefit society. Such separate policy, which shall include the
385 benefits required by this section and the benefits required by section
386 38a-533, shall not be required to include any other benefits mandated
387 by this title.

388 (k) In the case of benefits based upon confinement in a residential
389 treatment facility, such benefits shall be payable in situations in which
390 the insured has a serious mental or nervous condition that
391 substantially impairs the insured's thoughts, perception of reality,
392 emotional process or judgment or grossly impairs the behavior of the
393 insured, and, upon an assessment of the insured by a physician,
394 psychiatrist, psychologist or clinical social worker, cannot
395 appropriately, safely or effectively be treated in an acute care, partial
396 hospitalization, intensive outpatient or outpatient setting.

397 (l) The services rendered for which benefits are to be paid for
398 confinement in a residential treatment facility shall be based on an
399 individual treatment plan. For purposes of this section, the term
400 "individual treatment plan" means a treatment plan prescribed by a
401 physician with specific attainable goals and objectives appropriate to
402 both the patient and the treatment modality of the program.

403 (m) In the case of benefits payable for services for the diagnosis or

404 treatment of a substance use disorder rendered by a licensed health
405 care provider who is eligible for reimbursement under this section,
406 reimbursement shall be paid directly to the provider who rendered
407 such services. The insured who received such services shall be deemed
408 to have made an assignment to such provider of the insured's coverage
409 reimbursement benefits or other rights under the insured's group
410 health insurance policy, as described in subsection (b) of this section.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>January 1, 2018</i>	38a-488a
Sec. 2	<i>January 1, 2018</i>	38a-514

Statement of Purpose:

To require each health carrier that provides coverage for the diagnosis and treatment of a substance use disorder to directly reimburse a health care provider for services rendered by such provider for the diagnosis and treatment of such disorder.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: REP. PERILLO, 113th Dist.

H.B. 5140